

09/831321

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE         |
|---------------------------|----------|--------|--------------|
| FEE DETERMINATION         |          |        |              |
| O.I.P.E. CLASSIFIER       |          |        | 6-5-01       |
| FORMALITY REVIEW          |          |        |              |
| RESPONSE FORMALITY REVIEW | C.S.W.   |        | 19 Nov. 2001 |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original |          |
| 1        | 01/24/01 |
| 2        | 01/24/01 |
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| 12       | ✓        |
| 13       | ✓        |
| 14       | 0        |
| 15       | ✓        |
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| 22       | ✓        |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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